

## APPLICATION DATA SHEET

### Application Information

Application Number:: Not yet assigned  
Filing Date:: Herewith  
Application Type:: Regular  
Subject Matter:: Utility  
CD-ROM or CD-R?::  
Number of CD Disks::  
Number of Copies of CDs::  
Sequence Submission?::  
Computer Readable Form (CRF)?::  
Number of Copies of CRF::  
Title:: METHODS AND APPARATUS FOR  
MANUFACTURING ELECTRONIC AND  
ELECTROMECHANICAL ELEMENTS AND  
DEVICES BY THIN-FILM DEPOSITION AND  
IMAGING  
Attorney Docket Number:: MLB-066C2  
Request for Early Publication?::  
Request for Non-Publication?::  
Suggested Drawing Figure::  
Total Drawing Sheets:: 2  
Small Entity?:: No  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?::

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Saul

Middle Name::  
Family Name:: Griffith  
Name Suffix::  
City of Residence:: Cambridge  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 46B Dana Street  
City of Mailing Address:: Cambridge  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02139

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Joseph  
Middle Name:: M.  
Family Name:: Jacobson  
Name Suffix::  
City of Residence:: Newton  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 223 Grant Avenue  
City of Mailing Address:: Newton  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02159

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Scott  
Middle Name::

Family Name:: Manalis  
Name Suffix::  
City of Residence:: Cambridge  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of Mailing Address:: 100 Memorial Drive  
City of Mailing Address:: Cambridge  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US  
Postal or Zip Code of Mailing Address:: 02139

**Correspondence Information**

Correspondence Customer Number:: 021323

**Representative Information**

Representative Customer Number:: 021323

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	10/060,151	01/30/02
10/060,151	Continuation of	09/519,722	03/03/00
09/519,722	An application claiming the benefit under 35 USC 119(e)	60/126,517	03/26/99

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
		MM/DD/YY	

**Assignee Information**

Assignee Name:: Massachusetts Institute of Technology  
City of Mailing Address:: Cambridge  
State or Province of Mailing Address:: MA  
Country of Mailing Address:: US